JEPARTMENT OF HEALTH AND HUMAN SERVICES IEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 3 - 0 4 New Jersey
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2003
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN XX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME!	NDMENT (Separate Transmittal for each amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ -0-
42 U.S.C. 9902(2)	b. FFY 2004 \$ -0-
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement to Attachment 2.6-A, pages 1, 3, and	, , , , ,
	·
10. SUBJECT OF AMENDMENT: 2003 Revisions to Fligib	
Poverty Level	ility Limits in accordance with the Federal
rover by Level	
11 COVERNOR'S DEVIEW (Charle Oral)	
11. GOVERNOR'S REVIEW (Check One):	OTHER AS SPECIFIED. From the museum to
 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED 	(X) OTHER, AS SPECIFIED: Exempt, pursuant to 7.4 of the State Plan
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OF FICIAL:	16. RETURN TO:
wed has torres	Division of Medical Assistance and
13. TYPED NAME: Gwendolyn L. Harris	Health Services
14. TITLE: Commissioner	P.O. Box 712, #26 Trenton, NJ 08625-0712
14. TTEE. COMMITS TOTAL	11 cm 3013 07 12
15. DATE SUBMITTED:	
Korategionako	
PAPEATE RECEIVED:	18 Decre (18 18 18 18 18 18 18 18 18 18 18 18 18 1
PICAN APPROVED 4	
19 EFFECTIVE DATE OF APPROVED MATERIAL	24 SIGNATURE DEFECTIONAL OFFICIAL
January 1, 2007	Jack Committee Burger Bracketty
2); TYPED NAME:	22 HILE Associate Regional Administrator
Sue Kelly	Division of Medicata and State Operations
28 REMARKS	
a project group of the control of th	
The state of the s	



JAMES E. MCGREEVEY

Governor

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES P.O. BOX 712 Trenton, NJ 08625-0712 Telephone 1-800-356-1561

Gwendolyn L. Harris
Commissioner

Kathryn A. Plant Director

March 28, 2003

Sue Kelly Associate Regional Administrator Division of Medicaid and State Operations Centers for Medicare & Medicaid Services Room 3800, 26 Federal Plaza New York, NY 10278

Dear Ms. Kelly:

Enclosed is the New Jersey State Plan submittal 03-04-MA, with completed and signed copies of the HCFA-179.

Plan Amendment 03-04-MA concerns income eligibility standards based on the updated Federal poverty guidelines for 2003.

If there are any questions, please do not hesitate to call me at 609-588-2600.

Sincerely,

Kathryn A. Plant

Director AMM E

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KAP:Cc Enclosures

C:

David C. Heins Jacob Eapen

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Supersedes 02-04

HCFA-PM-91-4 (BPD)

AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1 OMB No. :

0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	New Jersey				 %3	S Suff remain
		<u>I</u> I	NCOME ELIGIBILITY LEV	/ELS		FIGNE
A.	MANDATORY CA	TEGORICALLY	NEEDY			्य सम्ब
1.	AFDC-Related Gro	oups Other Thar	n Poverty Level Pregnant		Infants: dmum Payr	nent
Family	Size Nee	ed Standard	Payment Stand	dard	Amounts	
	1	\$410	\$185		\$162	•
	2	819	369		322	
	3	985	443		424	
	4	1,127	507		488	
	5	1,260	567		552	
	6	1,386	624		616	
	7	1,505	677		677	
	8	1,617	728		728	
Each a	idditional person:	\$112	\$50		\$50	
	Effective April 1, 19	990, based on t	ne following percent of thepercent (no(specify)	official Fede	,	poverty level.
	Family Si	<u>ze</u>		Income Leve	<u>el</u>	
			implemented on 7/1/91.	\$ 996 \$ 1344 \$ 1692 \$ 2040 \$ 2388 \$ 2736		
			implementation of 133% ented effective April 1, 19		pregnant wo	omen and children.
						03-04-MA(NJ)

HCFA-PM-91-4 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL **POVERTY LEVELS**

1. **Pregnant Women and Infants**

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on <u>185%</u> percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

Family Size	Income Level
	<u>\$ 1385</u>
	\$ <u>1869</u>
3	\$ <u>2353</u>
4	\$ <u>2837</u>
5_	\$ <u>3321</u>
<u>6</u>	<u>\$ 3805</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	New Jersey		
		INCOME ELIGIBILITY LEVELS (Continued)	OFFICIAL
_			

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on ___100__ percent of the official Federal income poverty line.

Family Size	
1_	
2	

Inco	ome Level
\$	749
\$	1010

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	New Jersey				_
		INCO	ME ELIGIBILITY LE\	/ELS	OFFICIAL
A.	MANDATORY CATE	EGORICALLY NE	EDY		
1.	AFDC-Related Grou	ps Other Than Po	verty Level Pregnant \	Women and Infants <u>Maximum</u>	
Family	Size Need	Standard	Payment Stand		ounts
· airiiiy	1	\$410	\$185	\$162	
	2	819	369	322	
	3	985	443	424	
		1,127	ź 50 7	488	
		1,260	567	552	
		1,386	624	616	
		1,505	677	677	
		1,617	728	728	
			Add \$50.00 for each		Add \$50.00 for each
person		o for each person	Add \$50.00 for each	additional person	Add \$50.00 for each
	dditional person:	\$112	<u>\$50</u>	<u>\$5</u>	60
2.			ection 1902(a)(10)(i) (llowing percent of the percent (no (specify)		
	Family Size	2		Income Level	
Note: Note:	1 2 3 4 5 6 The optional 185% c			\$ [982] 996 \$ [1324] 134 \$ [1665] 1692 \$ [2007] 204 \$ [2348] 2386 \$ [2689] 273	<u>2</u> <u>0</u> <u>8</u>
			d effective April 1, 19		
					03-04-MA(NJ)
Sunar	sedes 02-04				

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

New Jersey

OFFICIAL

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (I) (2) of the Act are as follows:

Based on <u>185%</u> percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

Family Size	Income Level
1	\$ [1366] 1385
	\$ <u>[1841] 1869</u>
3	\$[2316] 2353
4	\$[2791] 2837
5	\$ <u>[3266]</u> 3321
6	\$ [3741] 3805

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

OFFICIAL

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size
1
2

Income Level \$ [739] **749** \$ [995] **1010**

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Revisio	on:	HCFA-PM-91-4 AUGUST 1991	` '	SUPPLEMENT Page 1 OMB No. :	1 TO ATTACH 0938-	MENT 2.6-A
•		STATE PLAN I	JNDER TITLE	XIX OF THE SOCIAL	SECURITY A	СТ
State:		New Jersey				
			INCOME EI	LIGIBILITY LEVELS		OFFICIAL
A.	MAND	ATORY CATE	SORICALLY NE	EDY		
1.	AFDC	-Related Group	s Other Than P	overty Level Pregnan		
Family	Size	Need S	Standard	Payment Sta		timum Payment Amounts
	1	\$	410	\$185		\$162
	2		819	369	•	322
	3		985	443		. 424
	4	1.	127	507		488
	5		260	567		552
	6		386	624		616
	7		505	677		677
	8		617	728		728
				550.00 for each addit	ional noman	Add \$50.00 for
each p		1 12.00 101 Caci	person Add (30.00 for each additi	orial person	Aug 400.00 101
odon p	0.00.					
2.	Pregn	ant Women and	I Infants under	Section 1902(a)(10)(i) (IV) of the Ac	t:
	pover	ive April 1, 1990 ty level. 133 percent	, based on the	•	he official Fede	
				(specify)		
		Family Size			Income Leve	<u>el</u>
		1			\$ 982)
				•	\$ 1324	
					\$ 1665	· .
					\$ 2007	
		2 3 4 5 6		•	\$ 2348	
		6			\$ <u>2689</u>	<u>9 .</u>
	The	-tional 1950/ a		plamantad on 7/4/04	,	
Note:				plemented on 7/1/91		·-···
Note:	NJ ha	ad a legislative ii	npediment to in	plementation of 133	% coverage of	pregnant women
and cl	hildren.	That expansion	n was subseque	ently implemented eff	ective April 1,	1991.
				•		
						•
				·		02-04-MA(NJ)
•		3 01-08				
TN		02-04	r Abt	roval Date	Y 1 3 2002	
Su	pers	edes TN_C	1-08-Eff	ective Date	AN 0 1 200	·

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

INCOME ELIGIBILITY LEVELS (Continued)

- OFFICIAL
- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVELS
 - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (1) (A) (ii) (IX) and 1902 (l) (2) of the Act are as follows:

Based on <u>185%</u> percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent)

Family Size	Inco	me Level
	\$	1366 1841
3	\$	2316
4	\$	2791
5	\$	3266
6	\$	3741

TN 02-04 Approval Date MAY 13 2002

Supersedes TN 01-08 Effective Date MAY 01 2002

02-04-MA(NJ)

HCFA-PM-91-4 (BPD)

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STATE PLAN UND	ED TITI E XI)	OF THE SOCIAL	SECHIDITY ACT
STATE PLAIN UNU!			SECURITACI

State:	New Jersey	•	UFFICIAL

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged, Blind and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902 (m) (4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size	
1	
2	

<u>Income Level</u> \$ 739 \$ 995

Supersedes 01-08

TN 02-04 Approval Date MAY 13 2002 02-04-MA(NJ)

Supersedes TN 01-08 Effective Date 01 2002